

EMPLOYER'S RETURN OF OCCUPATIONAL TAX WITHHELD

If no wages were paid this period, mark "NONE" and return this form

- | | | | | |
|---|--------------------------------|-----|------|---|
| Account No.
<div style="border: 1px solid black; height: 20px; width: 100px;"></div> | FOR PERIOD ENDING | | | Make checks payable and mail to:

MARSHALL CO OCCUPATIONAL
LICENSE TAX

P. O. BOX 114
BENTON KY 42025 |
| | Month | Day | Year | |
| | | | | |
| | RETURN DUE ON OR BEFORE | | | |
| | Month | Day | Year | |
| | | | | |
| Indicate any name or address change above. | | | | Phone: (270) 527-4725
Fax: (270) 527-3194
Email: tim.york@ky.gov |

Signed _____ Official Title _____ Date _____

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Form OCC-3PT Rev. 9/27/02